

NC - DMH/DD/SAS

TOP 12 Individual / Family Questions about the NC Innovations (1915 b/c) Waiver

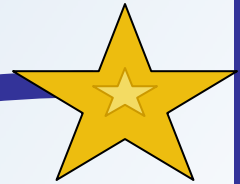
North Carolina Council on Developmental Disabilities

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The Vision



- CAP-MR/DD
- Waivers

- 1915 B/C Medicaid Waiver

Overarching Goals:

- *To successfully provide easily accessed, high quality, cost effective MH/DD/SA services and supports that result in person - centered outcomes for individuals served.*
- *Building upon success, upon success, one step at a time.*

2010

2011

2012

Future

Top 12 Questions

- DMHDDSAS has collected some questions from Individual / Family Members of the I/DD Community related to 1915 b/c Waivers.
- The State CFAC identified 12 important questions related to the I/DD community.
- These are individual / family questions, in their words, and we have done our best to answer them in a straight and forward way.
- We feel these questions are a good start to having a conversation to our broad community. Thanks to the State CFAC for your assistance to us in this process.

Top 12 Questions

1. What will happen to the CAP Waivers and will they cross walk?
 - Yes they will cross walk. Individuals have been successfully cross-walked between waivers for five years as they have moved into and out of the PBH catchment area.
 - The CAP (comprehensive and supports) waivers provide the same or very similar services.
 - If the state is successful, long range, based upon success, the CAP waiver will blend into the NC Innovations waiver.

Top 12 Questions

2. Will there be self direction for self advocates?

- Yes. The Innovations waiver offers both employer of record and agency with choice options. All waiver participants choose whether they want to self-direct and to what extent.

Top 12 Questions

3. Will rates be so low we can not get staff to work?
- No. The LMEs participating in the 1915 b/c waiver program must assure that Innovations participants and Medicaid recipients who need developmental disability services (and MH/SA) get those services and supports in a timely manner.
 - Service delivery, as well as quality of services and supports, are monitored very closely by the State and the federal government.

Top 12 Questions

4. Why don't they name it something else?
“Waiver” confuses people. Can LMEs call it something else?
- They are called waivers because specific federal Medicaid laws are waived in order to provide services in the home and community rather than in institutions such as an ICF.
 - The waiver (s) allows for services to be managed through different delivery models such as a managed care plan.
 - Yes, an LME could call it something else if they wanted to name their b & c waivers, as part of their RFA submission. The local name would not specifically change the name of the State's 1915 b/c waiver at the State level or CMS level.

Top 12 Questions

5. What is an out-of-network provider?

- An out-of-network provider is not contracted with the LME Waiver Entity to participate in the LME provider network.
- In special circumstances, the LME may decide to contract with an out-of-network provider either based upon the needs of an individual, i.e. traveling, or the needs of LMEs provider network.
- An in-network provider is a provider who has a contract with the LME Waiver Entity to provide services within its community.

Top 12 Questions

6. Mental Health gets money and DD money will not build up due to MH entitlement so how will DD get served?

- The Innovations (I/DD) waiver will operate just as the CAP waivers now operate with a given number of “slots” for each geographic area. LMEs participating in the 1915 b/c waiver will be expected to fully utilize their waiver slots allocation for individuals with I/DD. The State has invested savings from the 1915 b/c waivers in additional services for Medicaid recipients which may be used for people on the Innovations wait list or for MH/SA services.

Top 12 Questions

7. Is supported employment gone with single stream funds in this waiver?

- In a 1915 b/c waiver environment, supported employment is available through Innovations, as a B-3 service and on a limited basis through state funding.

Top 12 Questions

8. Why are mergers being considered across?

- As part of the RFA requirement, LMEs must have a Medicaid eligible population of 70,000 as a minimum requirement to participate in a 1915 b/c waiver.
- Some LMEs may be considering either merger or other business arrangements in order to meet the population requirements. These arrangements are worked out locally by the LMEs involved without involvement from the State.
- Any proposed merger or business arrangement as part of a waiver plan submission will have to be approved by the State and CMS.

Top 12 Questions

9. Why is the community not talked to first instead of LME applying first?
- **Given the initial time frame for this waiver amendment and current RFA process issued by DHHS, LMEs have had little opportunity for this type of engagement. It will happen once a LME is selected and as part of the implementation process prior to start up date of January 2011.**
 - **In the future, LMEs considering to apply for future RFAs should begin immediate community engagement and conversation as soon as they know they have an intent to apply.**
 - **The State is engaging individuals in our RFA review process as well as engaging the SCFAC as a active partner for input as we move forward.**

Top 12 Questions

10. Who is in control like the State is now when they screw up and the LME goes bad?

- The State will monitor the LME's financial status closely to make sure the LME continues to be solvent and does not fail financially. DMA currently monitors PBH's financial status on a quarterly basis and will closely monitor other LMEs that participate in the waiver to immediately identify any problems that could result in financial failure.
- If problems are identified, DMA will take action, ranging from a corrective action plan to termination of the LMEs - DMA contract to participate in the waiver.
- Should termination of the contract become necessary, the waiver consumers will continue to receive services. In addition, DMA is requiring LMEs that participate in the 1915 b/c waivers to maintain a risk reserve account to be used only in emergencies as approved by the State.

Top 12 Questions

11. Will there be less LME directors to have more money available for services instead of so much administration?

- Yes, that is possible. We don't know right now because we are testing to see if we can succeed one step at a time building success upon success.

Top 12 Questions

12. Will there be an OAH appeal process?

- Yes. Participants in the 1915 b/c waivers have the right to a State hearing through the OAH appeal process. However, they must first go through a local reconsideration process with the LME. If they are not satisfied with the reconsideration decision, participants may then appeal the decision to OAH.

Waiver Information

Both DMHDDSAS and DMA have waiver web pages with additional information. Both have a contact waiver e-mail addresses to send in feedback, comments and suggestions.

DMHDDSAS

<http://www.ncdhhs.gov/mhddsas/waiver/index.htm>

DMA

<http://www.ncdhhs.gov/dma/lme/MHWaiver.htm>

Thank you for this opportunity!

